

Minority Health in Nevada Feedback Form

The Nevada State Health Division would like to thank you for taking the time to read the *Minority Health in Nevada* report. We are continuously striving to better our efforts in addressing the needs of all the community members we serve. We greatly appreciate your feedback on the *Minority Health in Nevada* report and thank you for your assistance in making this report the most effective and helpful resource possible for all the citizens of Nevada.

1. What is your position title/role? (Please check only **one** of the following)

- | | | |
|-----------------------------------------------|---------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Health Care Provider | <input type="checkbox"/> Policy Maker | <input type="checkbox"/> Health Educator |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Researcher | <input type="checkbox"/> Retired/Volunteer |
| <input type="checkbox"/> Student | <input type="checkbox"/> Grant Writer | <input type="checkbox"/> Other (please specify)_____ |

2. In what setting do you work? (Please check only **one** of the following)

- | | | |
|--------------------------------------------------------|---------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Private Clinic | <input type="checkbox"/> Community Clinic |
| <input type="checkbox"/> State/Local Health Department | <input type="checkbox"/> University/College | <input type="checkbox"/> Other (please specify)_____ |

3. How do you plan to use this report? (Please check **all** that apply)

- | | | |
|-----------------------------------------------|---------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Education/Counseling | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Program Evaluation | <input type="checkbox"/> Community Planning | <input type="checkbox"/> Research |
| <input type="checkbox"/> Presentations | <input type="checkbox"/> Program Planning | <input type="checkbox"/> Other (please specify)_____ |

4. What information in this report did you find most useful? (Please check **one** of the following)

- | | | |
|-----------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Introduction | <input type="checkbox"/> Demographic Information | <input type="checkbox"/> Specific Health Related Information |
| <input type="checkbox"/> Specific Group Information | <input type="checkbox"/> Health Risk Factors | <input type="checkbox"/> Other _____ |

5. What information would you like to see added to this report? (Please check **all** that apply)

- | | | |
|------------------------------------------------------|----------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> More Statewide Data | <input type="checkbox"/> National Data | <input type="checkbox"/> Specific Health Related Data |
| <input type="checkbox"/> Other (please specify)_____ | | |

6. How did you obtain a copy of this report? (Please check only **one** of the following)

- | | | | |
|------------------------------------------------------|--------------------------------------|-----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Health Fair | <input type="checkbox"/> Health Division/Department | <input type="checkbox"/> Task Force Member |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Colleague | <input type="checkbox"/> Conference | |
| <input type="checkbox"/> Other (please specify)_____ | | | |

7. Please use the following scale for the next few questions:

	1	2	3	4	5
<u>The Minority Health in Nevada report</u>	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neutral</u>	<u>Agree</u>	<u>Strongly Agree</u>
a) provides useful information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) is well organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) has clear purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) contents are relevant to my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) is easy to read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) contains clear tables and graphs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) covers the subject appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) is culturally sensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Would you recommend the report to a colleague? ☐ Yes ☐ No

Please include any other comments below:

Please return this form to:

Nevada State Health Division, 4150 Technology Way, Suite 101 Carson City, Nevada 89706